

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00620138         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 08 / 27 / 2016</div> </div>	

Full Name of Payee <b>ADVANTAGE DIRECT</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 08 / 26 / 2016</div>	
Mailing Address 2300 CLARENDON BOULEVARD SUITE 303		Amount <div style="border: 1px solid black; padding: 2px;">11381.67</div>	
City ARLINGTON	State VA		
Purpose of Expenditure PHONE CALLS	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : <b>SE.4263</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 08 / 27 / 2016</div>	
Name of Federal Candidate DUNN MD FACS, NEAL PATRICK, , ,		Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">283460.06</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"></div>	
City	State		
Purpose of Expenditure	Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">11381.67</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">11381.67</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

FLYNN, DANIEL, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 08 / 2016

Signature